

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 377 Primary Registration District No. 6271 Registrar's No. 16
FILED MAY 14 1963VS 300
Rev. 4/59

1 1120

2 1120

3

4 1

5 2

6

7 0

8 2

9 4200

10

11

12 90-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only)

WASHINGTON TWP

Length of stay in 1b

10 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

MO

b. COUNTY

WEBSTER

Inside Limits

Yes ☐ No ☒

c. CITY

CONWAY R2

OR
TOWN

d. STREET

(If outside, give location)

ADDRESS

JMI WEST

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

VIOBA

Middle

V

Last

SKINNER

4. DATE

Month

MAY

Day

5

OF
DEATH

1963

Year

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-5-1893

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

DAVID. CARRAWAY

13b. MOTHER'S MAIDEN NAME

EADIA BRAYES

14. NAME OF HUSBAND OR WIFE

WILLARD SKINNER CONWAY R2

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

WILLARD SKINNER CONWAY R2

Address

18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

30 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Thrombosis Repeated

30 min

DUE TO (c)

Arteriosclerosis heart disease

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Congestive heart failure Hypertension Obesity

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/27/63 to 5/5/63 and last saw her alive on 5/1/63
Death occurred at 8:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. M. Macdonnell MD

(Degree or title)

22b. ADDRESS

Marshallfield MO

22c. DATE SIGNED

5/6/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

5-7-1963

23c. NAME OF CEMETERY OR CREMATORY

MARLIN

23d. LOCATION (City, town, or county)

WEBSTER CO MO

24. FUNERAL DIRECTOR

BARBER-EDWARDS, MARSHFIELD

ADDRESS

25. DATE RECD. BY LOCAL REG.

5-6-63

26. REGISTRAR'S SIGNATURE

J. Francis

USE BLACK INK

OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3848

P. O. Address Mr. Bone

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.